



State of Maine

Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement
8 State House Station
Augusta, ME 04333-0008
Telephone: (207) 624-7220 Fax: (207) 287-3434

License #: _____
Deposit: \$ _____
CK MO: _____
CASH
BY: _____

Application for a Catering Permit

\$10.00 (per day)

Check Payable: Treasurer State of Maine

72 Hours in Advance of Said Event or Gathering is REQUESTED

Please complete this application in its entirety.

License No.: _____ DBA Name: _____

Name of Licensee: _____

Mailing Address: _____

Town/ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email Address: _____

(Please Print)

Title of Function: _____

Purpose of Function: _____

Location of Function: _____

Physical Address of Function: _____

Town/City: _____ State: _____ Zip Code: _____

☐ Indoor Event ☐ Outside Event **(IF OUTSIDE AREA, DIAGRAM MUST BE INCLUDED)**

Describe specific indoor and/or outdoor area to be licensed: _____

Date of Function: _____ **Time – From:** _____ **To:** _____

(Note: By law, liquor can only be served from 5:00 am to 1:00 am of the next day, Sunday through Saturday. Function times can not deviate from this statutory requirement.)

Number of Persons Attending: _____

Name of Sponsor: _____

Address: _____ Town/City: _____

State: _____ Zip Code: _____ Telephone Number: _____

Email address: _____

NOTE: Application **must** be submitted with your Eating and Catering License from the Maine Department of Health and Human Services.

Date

Signature of Licensee or Corporate Officer

Print Name of Licensee or Corporate Officer

This application must be signed by the appropriate official in the municipality where the function is to be held.

TO MUNICIPAL OFFICERS & COUNTY COMMISSIONERS:

This application must be approved by the Municipal Officers, or a municipal official designated by the municipal officers, of the municipality in which the proposed additional licensed premises are located, which, notwithstanding section 653, may be granted without public notice.

Dated at: _____, Maine _____ SS
City/Town (County)

On: _____
Date

The undersigned being: ☐ Municipal Offices ☐ County Commissioners of the

☐ City ☐ Town ☐ Plantation ☐ Unincorporated Place of: _____, Maine

Signature of Officials	Printed Name and Title

Once issued, this permit is not assignable and is valid only for use by the licensee named in this application and for the date, time, and location listed in this application. This permit is issued subject to Maine liquor laws, Title 28-A and the Bureau's Administrative Rules. Penalties for failure to comply with the laws and rules are provided in Chapter 33 of Title 28-A.

Submit completed forms to:

Division of Liquor Licensing and Enforcement

8 State House Station, Augusta, ME 04333-0008 (Regular mail)

10 Water Street, Hallowell, ME 04347 (overnight mail)

Telephone inquiries: 207-624-7220

Fax line: 207-287-3434

Email inquiries: MaineLiquor@Maine.gov

FOR USE ONLY BY DIVISION OF LIQUOR LICENSING & ENFORCEMENT

RESTRICTIONS:

[] **APPROVED/PERMIT #** _____ **DATED:** _____

[] **NOT APPROVED** **ISSUED BY:** _____